

No 65 D.
Dec 10th 1826
S.W 8th and Walnut

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An
Inaugural dissertation on Catarrhus
Epidemicus, by Henry S. Macon
of Georgia

Paper March 17th 1827
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Introduction

In a work like the present one at this period of our times, much originality cannot be expected, particularly from those who are about to come into upon the best stage of action, and what is written is an inaugural address should not contain speculative views.

I shall deliver a few remarks upon the Catarrhus Epidermiceus or Inflammation of the skin, which prevailed during the winter of 1825, although my views of the subject are limited, yet they may contain some interesting knowledge to the inexperienced, by reading the whole treatise, which the doctor tells I am induced to believe that it cannot be misunderstood by experienced practitioners.

The above remarks are not made with a belief that Medicine



Introduction

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I shall deliver a few remarks upon the Catarrhus Epidemicus or Influenza which prevailed during the winter of 1825; although my views of the subject are limited, yet they may contain some interesting knowledge to the inexperienced considering the wide scope, which this disease took, I am induced to believe that it cannot be misunderstood by ^{the} experienced practitioner.

The above remarks, are not made with a belief, that Medicine

Introduction

In a work like this it is not only
the force of the facts and figures
that counts, but the selection of the
facts themselves, and the way in which
they are presented. It is not enough
to state a fact, but to show its
importance, and to place it in its
proper perspective. This is the
art of the writer, and it is the
art that makes a book interesting
and useful. It is the art of
selection, and of presentation. It
is the art of making a book
read like a story, and of making
it a book that is worth reading.
The above remarks are not meant
to be a guide, but a suggestion.

has arrived to the acme of knowledge
or that mankind, is now, at the zenith
of perfection. but a belief was enter-
tained, that it required experience and
observation for the advancement of
such ideas.

Impressed with this belief
I submit the following dissertation to
the views of those who will judge
according to the merits thereof.

Should I, in the following remarks, differ
from your views, it is with a conscientious
belief which has thus impressed me, but, am
open to conviction, and will grasp the
truth with an eager desire

Catarrhus Epidemicus

This disease, according to Dr Cullen, is divided into ordinary Catarrh and Extraordinary Catarrh, or Catarrhus Epidemicus or Influenza. It is said to have existed 2500 years ago; Hippocrates in the days of Pothagoras mentions its prevalence in the island of Cos, who ascribed it to the interposition of the Deity.

For the last three centuries the physicians of Europe have noticed its recurrence. It appeared in 1510, in 1580, 1587, 1591, 1675, 1709, 1732, 1743, 1752, 1767, 1775, 1781, and 1782: In the last accounts of it, which was in 1782, it originated in China travelled through Asia, to Europe, and crossing the Atlantic has since been travelling through America. Catarrh is also spoken of by Galen, but it was not noticed by Celsius, owing perhaps, to the changing the word Catarrh by

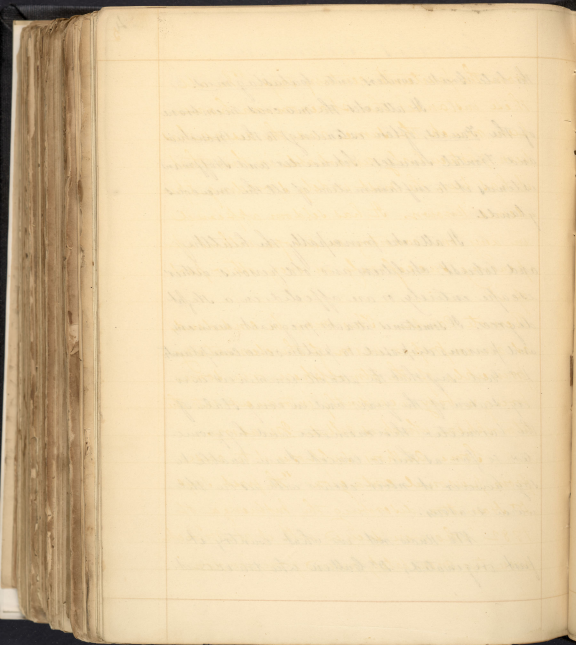
the late Greek writers, into Catastasmus.

It attacks the mucous membrane of the Nares, often extending to the Bronchia and Frontal Sinuses. Schneider and Hoffman extends it to inflammation of all the mucous glands.

It attacks principally the healthy and robust, children and old persons, either escape entirely, or are affected in a slight degree. It sometimes attacks pregnant women, and persons disposed to pulmonary complaints.

Dr Good says that the attack commences in every season of the year; and in every state of the barometer, thermometer, and hygrometer so far as this is correct I am unable to say, however it never occurs with us in the warm seasons.

We know not in what country it first originated; Dr Gallen who traced it



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from the fourteenth century says "In all these instances the phaenomena have been much the same, and the disease has been particularly remarkable in this, that it has been the most widely spreading Epidemic known. It has seldom appeared in any one country in Europe, without appearing successively in every other part of it."

Remote Cause - This may be considered as an improper union of the elementary principles of the atmosphere, or in some foreign body accidentally introduced into the atmosphere, which is called Miasma.

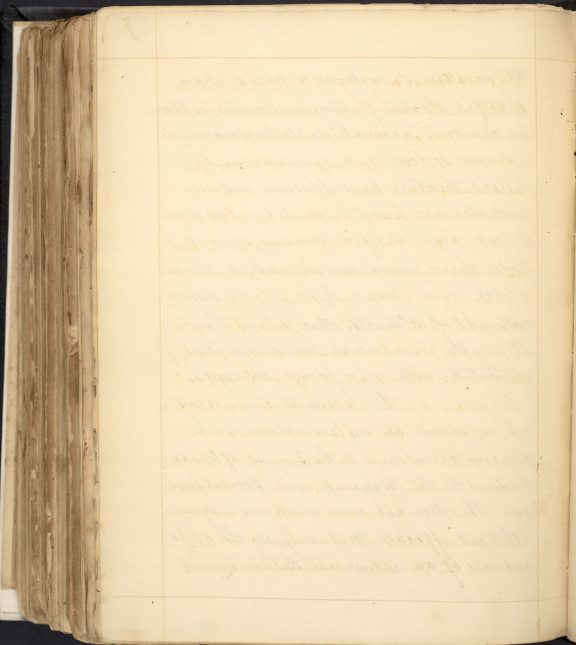
Some Authors suppose it to arise from personal contagion. "The first" says Dr. Hamilton describing the Influenza of 1782 "who were seized with it at Norwich were two men lately arrived from London -

when it then continued to rage, they spread it over the place. I might quote other authors on this point, but consider it entirely useless, as it is now well established in the United States that it prevails as an Epidemic.

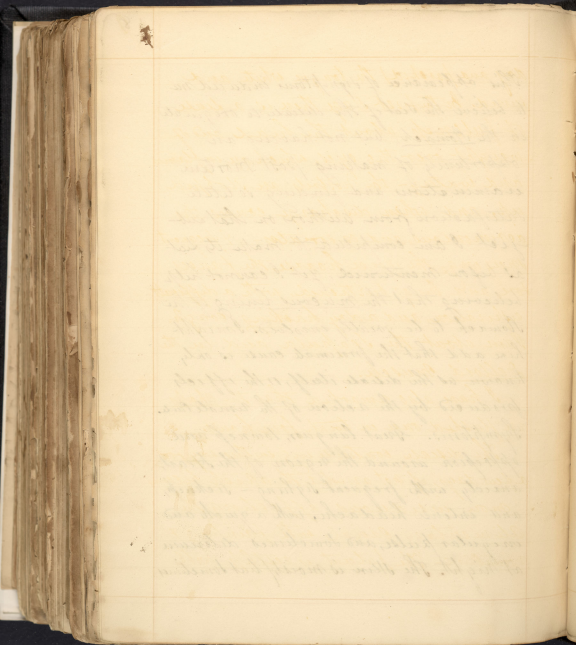
To the establishment of this fact, the universal attack which it made (though in a mild form) on the medical class, the winter of 1825 & 26. Certain it is, that it proceeds from atmospheric taint, but I know not how that taint is propagated. Dr Boer in his study of Medicine, says "that the Catarrh now before us (speaking of Influenza) possesses not only an epidemic character, but is dependant on atmospheric influence, is established, by such a cloud of well known proofs, that it is hardly worth while to give examples - Of a dozen persons "sitting in, in perfect health in the same room, ten have often been affected attacked at the same time

If we allow its matrics to depend upon specific Miasms, floating in the atmosphere, we can only account for its preserving its agency so long, and operating in such distant theatres, by supposing that its particles are hard to be decomposed in the air. Some specific Miasms seem to loose, their power much earlier than others, and spread their effects through confined apartments; others attain their strength, in a much purer air, already saturated, with other foreign elements.

The proximate cause, is as I have stated, an inflammation of the mucous membrane of the Fauces, often extending to the Bronchia and Frontal sin-
us. The Stomach also undergoes a symptomatic affection, producing all the appearances of an Autumnal Bilious Fever



This appearance of symptoms induced me
 to believe the seat of the disease to originate
 in the Stomach, but not having an
 opportunity of making post mortem
 examinations, and finding so little
 satisfaction from authors on that sub-
 -ject I am compelled to make it, but
 as before mentioned, yet I cannot help
 believing that the mucous lining of the
 Stomach to be greatly involved. I might
 here add that the proximate cause is only
 known as the disease itself, or the effects
 produced by the action of the remote cause.
 Symptoms. Great languor, lowness and
 oppression around the region of the Heart;
 anxiety, with frequent sighing - sickness,
 and intense headache, with a quick and
 irregular pulse, and sometimes delirium
 at night. The skin is moist but sometimes



dry and parched, the tongue white and
furred. In the first stage there is a sense
of fullness about the head and of
weight over the eyes, which are inflamed
and watery - the nostrils are stopped
up, and when discharge comes 'tis
acrimonious, and excoriates - Frequent
sneezing, the voice hoarse, the fauces
sore, and lungs burthened, with a difficult
expiration, and a dry hacking cough.
Pain about the Scapula and in the
Deltoid Muscles.

I have also remarked that the chairs
are flushed once in twenty four hours.

The disease continuing in this way for
a few days, if not arrested the attack becomes
more insidious affecting the
Alimentary Canal, with fainting &
vomiting - The patient is restless with

with watching, or lies in a comatose state, perfectly insensible, the feet and hands become cold, the pupil of the eye dilated, frequent breathing, with paroxysms of coughing till the patient is entirely exhausted and finally is snatched off by the hands of - Death.

Diagnosis. The only disease which this may be confounded with is the common "Billious Fever" and from its appearing in a great measure the aspect of it, is called by the common people the Billious Influenza. The time of the year and season of the symptoms of Influenza, are not concomitants of Billious Fever.

Prognosis. We may easily tell the result, by the mildness or severity of the attack.

It sometimes is short in its attack, not allowing time to prognosticate, sweeping

the patient ^{off} in twenty four hours.

A friend of mine, informed me that he was called to a patient, labouring under Influenza, and in the same room was a negro woman, a nurse, apparently in good health, on his return the next day he found the negro woman a corpse, who had evidently, in the 24 hours had, and died, with the same symptoms his patient was then labouring under.

Treatment The first indication, is to reduce vascular action - This may be done by blood letting, which must be copious, but we should be guided by the symptoms, as regards the repetition - I mentioned that the cheeks are often flushed, when this is the case blood letting should be carried to a great extent, untill we reduce the action of the bloodvessels. In fact in almost all cases

The first of these is the fact that the
the second is the fact that the
the third is the fact that the
the fourth is the fact that the
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the eighteenth is the fact that the
the nineteenth is the fact that the
the twentieth is the fact that the

blood letting should be resorted to whenever
 the pulse will admit. Sometimes the pulse in
 the first stage is small, tense, and corded,
 which should not deter us from a small
 bleeding, which will often bring about a rev-
 olution in the disease. Dr. Chapman in his
 lectures on Typhus Fever, says that sometimes
 the pulse is so weak as ^{to} almost forbid the
 use of the lancet, but says he we should not
 be deterred from the use of it. This I con-
 sidered as indirect debility, and was indu-
 ced to pursue the same course which acted
 as above stated. The next thing is to give
 an Emetic; this will often deliver the stomach
 from a considerable burthen, discharging
 it of its contents; the Tartarized Antimony
 I prefer, given in doses from two to six grains
 this is beneficial not only in evacuating
 the stomach, ~~for~~ but by acting on the

Capillaries, and producing a slight diaphoresis. - I next resort to a small dose of Calomel, about eight grains, followed by a dose of Magnesia or oil, to discharge the Intestinal Canal, and to leave the system in a perfectly susceptible state.

By this time the patient being completely evacuated, I commence upon the diaphoretic plan, which is done by the pediluvium at night, followed by small doses of Dover's powder, about eight grains. The acetate of Ammonia, I have found to be the best diaphoretic, given every hour or two in doses of a table Spoonful; sometimes the debility is so great as to require a slight stimulus, in such cases the Polygala Senega is to be preferred, which would raise the system a little, and then act as a diaphoretic - At this time should the patient complain of

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The first of these is the
fact that the system of
the world is not a simple
one. It is a complex of
many different parts, each
of which has its own
character and its own
history. The system is
not a static one, but a
dynamic one, which is
always changing and
developing. The system
is not a uniform one, but
a varied one, which is
different in different
parts. The system is not
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of costiveness or the least griping an Enema should be given, such as the Oleum Olivaceum, or a table Spoonful of common salt, a table Spoonful of Hogs Lard, and a table Spoonful of common brown sugar, ^{to one pint of warm water} this is a mild enema, and one which is always at hand in country practice, if there should be any pain or uneasiness about the Praecordia a blister should be applied - The Symptoms still continue rigid, and a plethora remains, I would institute cupping and leeching in the place of Venastition; when there is great restlessness at night an anodyne should be given, a combination of Opium and Camphor answers exceedingly well.

When there is great subsequent debility we may use the Peruvian Bark; if there should remain a cough (which frequently does) the

common enough mixture, or an ounce of Laudanum mixed with half an ounce of Spirits of Peppercorns twenty drops three or four times a day by glasses. Drinks. There should be mucilaginous, such as Barley water, but the best is Flax Seed Tea, which is a good expectorant. Acid drinks are also beneficial, particularly lemonade, which will produce a moisture on the skin. Spirituous liquors should be strictly forbidden, or any drink which would prove stimulating. Diet. I shall only say this should be light and antiphlogistic.

To prevent a return of the disease, the patient should be kept warm, wearing flannel next his skin, he should not be exposed to a humid atmosphere, or vicissitudes of the weather,

